Commonwealth of Massachusetts
Executive Office of Health and Human Services

June 2008 *Version 3.0*

Companion Guide

820 Health Care Premium Payment

For ASC X12N 820 (Version 4010A1)

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1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 – Administrative Simplification (HIPAA-AS) – requires that MassHealth, and all other health-insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. Version 004010X061A of the 820 transaction is the standard established by the Secretary of Health and Human Services (HHS) for premium payments.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 820 Premium Payment transactions has been established as the standard for premium payment compliance. It contains requirements for use of specific segments and specific data elements within the segments. It was written for all health care providers and other submitters/receivers. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files to MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The Implementation Guides for X12N 820 Version 4010A1 and all other HIPAA standard transactions are available electronically at http://www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

This companion guide was created for MassHealth trading partners to supplement the 820 Implementation Guide. It contains MassHealth's specific instructions for the following:

- data content, codes, business rules, and characteristics of the 820 transaction
- technical requirements and transmission options; and
- information on testing procedures that each trading partner may request before receiving 820 transactions.

The information in this guide supersedes all previous communications from MassHealth about this electronic transaction.

1.5 Intended Audience

The intended audience for this document is the technical staff responsible for receiving electronic premium payments from MassHealth, and reconciling the payments to their enrollment population.

2.0 Establishing Connectivity with MassHealth

All MassHealth trading partners must sign a Trading Partner Agreement (TPA). If you have elected to have a third party perform electronic transactions on your behalf you may be requested to complete a trading partner profile (TPP) form as well. TPP information may also be given over the telephone or the Provider Online Service Center in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again.

Please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.4 - Support Contact Information) if you have any questions about these forms.

2.1 Setup

MassHealth trading partners should submit HIPAA 820 transactions to MassHealth via the Provider Online Service Center, or system-to-system using our Healthcare Transaction Service (HTS) process. Trading partners must contact MassHealth Customer Service at 1-800-841-2900 with questions about these options and to obtain a copy of the HTS guide.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide (see Section 2.2 - Trading Partner Testing). After successful completion of testing, 820 transactions may be submitted for production processing.

2.2 Trading Partner Testing

Before receiving production 820 transactions, each trading partner should be tested. All trading partners who plan to receive 820 transactions must contact MassHealth Customer Service at 1-800-841-2900 in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

2.3 General Information for Member Name

The member name segment accepts and returns 30 characters as required in the Implementation Guide. However, If a value is submitted on a transaction that is greater than what is stored in the NewMMIS member database, on the return transaction the following would occur:(a) if a match is found on the database, the value stored on the database table is returned; (c) if no match is found on the database, the value stored on the original incoming transaction will be returned.

Example
A provider submits an eligibility verification check (270) with a name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the name submitted, if a match is found on the database. If for some reason, the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the name would be returned exactly as it was originally submitted.

2.4 Technical Requirements

The current maximum file size for any 820 file is expected to be no larger than 225 megabytes. If you have questions, contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.5 - Support Contact Information).

MassHealth endorses the ASC recommendation that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

2.5 Support Contact Information

For questions regarding any issues in this companion guide, providers may contact MassHealth Customer Service by mail, phone, fax, or e-mail.

MassHealth Customer Service
P.O. Box 9118
Hingham, MA 02043
E-mail: hipaasupport@mahealth.net
Phone: 1-800-841-2900; Fax: 617-988-8971

3.0 MassHealth-specific Requirements

The following information is provided to clarify the code values, conditional data elements, and segments that are used by MassHealth in creating the 820 transactions. The following information is designed to help trading partners parse the 820 transactions.

3.1 General Information

1. The 820 file will be sent to providers from the Provider Online Service Center or HTS server.

   Monthly 820 files will be named 999999999A.820.WEB.HHMMSSSS.312 - 999999999A is the nine-digit provider number and 1-digit alpha character service location; HHMMSSSS represents hours, minutes, seconds, and subseconds; 312 represents the Julian date the file was created.

2. 820 transactions adhere to the ASC X12N 820 (0004010X061A1) format. The file is fixed-length ASCII and contains no real numbers.
3. One 820 transaction occurs for each trading partner for each processing cycle.
4. 997 acknowledgements will not be accepted in response to the 820 file. Please inform the business contact (listed in Section 2.5: Support Contact Information) of any problems with the transactions.
5. Many optional fields contain no data. These fields have been populated with spaces or zeros.

3.2 Detail Data

Although trading partners can view the entire set of required data elements in the 820

Implementation Guide, MassHealth recommends that they pay special attention to the following segments.

Loop	Segment		Element Name	Companion Information
Online----	ISA	05	Interchange Sender ID Qualifier	**Code** **Definition** "ZZ" Mutually defined
Online----	ISA	06	Interchange Sender ID	"DMA7384"
Online----	ISA	07	Interchange ID Qualifier	**Code** **Definition** "ZZ" Mutually defined
Online----	ISA	08	Interchange Receiver ID	Your 9-digit MassHealth provider number and 1 alpha-character service location code
Online----	GS	02		"DMA7384"
Online----	GS	03	Application Receiver's Code	Your 9-digit MassHealth provider number and 1 alpha-character service location code
Header	ST	01	Transaction Set Identifier Code	Enter "820"
Header.	BPR	01	Transaction Handling Code	**Code** **Definition** 1 Remittance info only
Header	BPR	02	Financial Information Monetary Amount	This field will contain the net sum amount of the processing cycle. If payment is to be made, this field will match the payment voucher amount. If a net overpayment has been made, this field will contain the negative resulting amount.
Header	BPR	04	Payment Method Code	"ACH" – direct deposit "CHK" – paper check
Header	BPR	07	Identification Number	Originator ABA
Header	BPR	09	Account Number	Originator account number
Header	BPR	13	Identification Number	Receiver ABA
Header	BPR	14	Account Number Qualifier	Receiver account type
Header	BPR	15	Account Number	Receiver account number
Header	BPR	16	Date	Check issue date – Note that 820 will be held until this information is available. how does this apply to commonwealth care
Header	TRN	02	Reference ID	Check number – Note that 820 will be held until this information is available.

Loop	Segment		Element Name	Companion Information
Header	REF	02	Reference ID	Your 9-digit MassHealth provider number and 1 alpha-character service location
Header	DTM	06	Date	Coverage period
1000A	N1	04	ID Code	Your FEIN
1000B	N1	02	Name	”MassHealth”
2000B	ENT	03	ID Code Qualifier	**Code** **Description** “EI” Member Medicaid ID
2000B	ENT	04	ID Code	Member’s Medicaid ID
2100B	NM1	03	Last Name	Member’s last name
2100B	NM1	04	First Name	Member’s first name
2100B	NM1	05	Middle Name	Member’s middle initial
2100B	NM1	09	ID Code	Member’s 12-digit MassHealth ID
2300B	RMR	02	Insurance Remittance Reference Number	Member’s rate cell
2300B	RMR	04	Detail Premium Payment Amount	For MCOs and MBHP, this field is the premium amount minus prorated debt. For SCO and PACE providers: For a capitated payment this field will contain the capitation payment amount minus the member’s – patient-paid amount or spend-down minus any prorated debt. For quarterly or annual reconciliation, this field will contain the difference between the capitated payment and the result of the reconciliation minus any prorated debt. The total of all RMR04s in the 820 will balance to BPR02.
2300B	RMR	05	Monetary Amount	For MCO and MBHP reconciliation, this is the premium amount. For PACE and SCO capitated payments, this is the capitation payment amount minus patient-paid amount or spend-down. For a quarterly or annual reconciliation, this is the difference between the capitated payment and the payment amount as calculated by the reconciliation minus any prorated debt. For Commonwealth Care this is the premium amount.

Loop	Segment		Element Name	Companion Information
2300B	DTM	06	Date Period	The begin date will be the first day of coverage for the cap month. (Will be the first day of the cap month if coverage was in effect before first day of month, otherwise it will be the specific day of the cap month that coverage began.) The end date will be the last day of coverage for the cap month. (Will be the final day of the cap month if coverage was end-dated after the cap month, otherwise it will be the specific day of the cap month that coverage ended.) (CCYYMMDD-CCYYMMDD format)
2320B	ADX	01	Monetary Amount	Capitation adjustment amount
2320B	ADX	02	Adjustment Reason Code	**Code** **Definition** 52 Credit for previous overpayment 53 Remittance for previous under payment

4.0 Version Table

Version	Date	Section/Pages	Description
1.1	8/13/03	Entire document	Revision of entire document
1.2	01/29/04	Entire document	Revision of entire document
1.2	02/05/04	Revisions completed	Production version issued
1.3	06/17/04	Revisions to headers and footers, document body, sections 2.3 and 2.4	Production version issued
1.4	05/19/05	Updates made to Sections 2.3 to reflect TPA 60-day Noticing	Draft version issued production issue to follow
1.5	07/12/06	Updates made to Sections 1.1, 2.1, 2.4, 3.2, and Appendix A	Production version issued
2.0	03/08	Entire document	Significant revisions throughout guide to reflect NewMMIS requirements
3.0	06/08	Entire document	Additional revisions throughout guide to reflect NewMMIS requirements, based on feedback from Version 2.0

Appendix A: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org/

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org/

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org/

Association for Electronic Health-Care Transactions (AFEHCT)

- This site is dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Healthcare Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/default.asp?fromhcfadotgov=true.
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/MedHCPCSGenInfo/

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/default.asp?fromhcfadotgov=true
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/MedHCPCSGenInfo/

Designated Standard Maintenance Organizations (DSMOs)

- This site is a resource for information about the standard-setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth

- This site assists providers with HIPAA, MassHealth billing and policy questions, and provider enrollment. www.mass.gov/masshealth

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA. www.aspe.hhs.gov/admnsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org